

**Submitter :** Mr. Anet Richmond

**Date:** 05/06/2006

**Organization :** Mr. Anet Richmond

**Category :** Other

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I have low vision and think it is terrible that things are being denied to those who need it. By denying low vision devices it makes it harder to live comfortable and see. It seems the people who make these decisions don't have to worry they only think of the cash not the person in need. My vision has gotten worse and I need more assistance to get around. It hurts to think I may need something one day and not get it because of cost. That is very saddening.

**Submitter :** Mr. Larry Johnson  
**Organization :** Alamo Council of the Blind  
**Category :** Individual

**Date:** 05/06/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

Barring coverage of low vision devices would have devastating effects on the quality of life of aging Americans and others with vision loss. These tools are the very key to remaining active and living independently and safely with eye conditions such as age-related macular degeneration, glaucoma, cataracts, and diabetic retinopathy.

Over 6.5 million Americans aged 55 and older are blind or severely visually impaired. These numbers are expected to more than double by the year 2030.

Low vision devices are designed to help people read, write, watch television, speak on the telephone, keep track of time, and cook. And while some products are more affordable, some can run in the \$1,800 to \$4,000 range, which is a hefty investment for seniors or people with disabilities in tough financial situations.

**Submitter :** Mr. James Vaglia

**Date:** 05/07/2006

**Organization :** self

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I am writing with respect to Medicare not covering aids and prosthetics for people with disabilities and with respect to the fact, that many states are not recognizing Medicaid is now Medicare. Thanks for taking the time to consider these public comments.

**Submitter :** Steven Rothstein  
**Organization :** Perkins School for the Blind  
**Category :** Academic

**Date:** 05/08/2006

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

Last week the Center for Medicare and Medicaid Services (CMS) announced its intention to bar coverage of low vision devices, including closed-circuit television systems (CCTVs), magnifiers, and other low vision technology designed to help people with vision loss live healthy and independent lives. Perkins School for the Blind is opposed to this proposal.

Barring coverage of low vision devices would have devastating effects on the quality of life of aging Americans and others with vision loss. These tools are the very key to remaining active and living independently and safely with eye conditions such as age-related macular degeneration, glaucoma, cataracts, and diabetic retinopathy.

The announcement comes at time when the number of Americans with eye diseases is increasing and vision loss is expected to become a major public health problem as boomers age. Over 6.5 million Americans aged 55 and older are blind or severely visually impaired. These numbers are expected to more than double by the year 2030.

**Submitter :** Mrs. Ellen Morrow  
**Organization :** Vision Loss Resources  
**Category :** Social Worker

**Date:** 05/08/2006

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

I am very concerned that low vision aids - magnifiers, CCTV's and distance aids are not being covered by medicare. In my over 30 years of experience in the field of vision loss, this is such an inexpensive intervention, that often makes the difference between someone remaining independent or having to go into assisted living or long term care (at much greater expense to the taxpayers). Rehabilitation for a senior with vision loss is cost effective, and helps keep our elders dignity intact. Of all things not to cover, this one is a shame. As an agency providing services to seniors with vision loss, medicare coverage of low vision aids and CCTV's would be of huge benefit to the consumer and would be a very efficient expenditure, as it prevents or prolongs a person's independence. Please reconsider the position on coverage of magnifiers, CCTVs and other low vision aids.

**Submitter :** Mrs. Janet Messer

**Date:** 05/08/2006

**Organization :** Mrs. Janet Messer

**Category :** Individual

**Issue Areas/Comments**

**GENERAL**

GENERAL

I am disheartened to think our legislators would take even more away from people who are losing their vision or are visually impaired.

Please use your vision to see that this does not happen.

Thank you.

**Submitter :** Gregory Evanina

**Date:** 05/08/2006

**Organization :** Matilda Ziegler Magazine for the Blind

**Category :** Media Industry

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

As the editor of Matilda Ziegler Magazine for the Blind, one of the world's oldest magazines for blind people, I know how much of a positive difference that assistive and adaptive technology can make in these people's lives. It would be inhumane of Medicare and Medicaid to deny people with visual impairments equipment that improves their lives dramatically.

**Submitter :** Ms. Kathryn Flynn  
**Organization :** Gov.Morehead School Outreach  
**Category :** Individual

**Date:** 05/08/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

Low vision individuals must have closed-circuit televisions and low vision devices to access information and navigate in the environment. This is an unacceptable rollback of benefits that denies low vision devices to those with vision loss, including million's of America's senior citizen beneficiaries.



**Submitter :** Mr. Chuck Russell  
**Organization :** Mr. Chuck Russell  
**Category :** Individual

**Date:** 05/08/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

**Low Vision Aid Exclusion**

Excluding coverage of specialty low vision devices for aging Americans would be devastating. Such devices are necessary for safe and independent living for individuals with significant vision loss.

The CMS rationale for prohibiting low vision aids seems to center on an interpretation of a definition of eyeglasses, which have been/are currently barred from coverage, except in specific circumstances (after cataract surgery). Eyeglasses are prescribed to correct, to the maximum extent possible, refraction problems some more serious than others and are needed by a substantial number of Americans, young and old, and is thus the probable reason for excluding common eyeglasses. Low vision aids are typically needed and used by persons with serious vision loss in addition to corrective eyeglasses/contacts, and/or in instances wherein refraction cannot be corrected or where refraction is not the reason for the vision loss.

This is not the time to exclude low vision tools from the repertoire of necessary care for older Americans. The number of Americans with eye diseases causing vision loss is increasing and will become a major public health problem as baby boomers age. There are over 6.5 million older Americans (age 55+) who are blind or severely visually impaired a number that is expected to double by 2030. Bureaucratic definitions and interpretations should not override the needs of age-related seriously visually impaired individuals from living a quality life with the aid of low vision devices.

**Submitter :** Mrs. Coral Andrews  
**Organization :** Healthcare Association of Hawaii  
**Category :** Health Care Professional or Association

**Date:** 05/08/2006

**Issue Areas/Comments**

**GENERAL**

**GENERAL**

The Healthcare Association of Hawaii is a non-profit trade association representing the full spectrum of health care, including acute and long term care facilities and home care and hospice providers. As such, we represent providers in urban and rural settings across seven islands. Our home medical equipment providers often provide sales and service under one roof in response to geographic displacement of each island and as a state from the mainland U.S. Competitive bidding would be detrimental to the sales and service model in the islands. Smaller HME companies would be forced out of business as they could not compete with larger chains. On some islands, that means that the primary provider of HME would close. Items in need of repair would have to be mailed to the Mainland for servicing which would contribute to delays in equipment repair. As we move forward to enable growth in home and community based services and away from acute hospitalizations, it is imperative that we retain timely sales and service in the HME companies servicing our residents. Through this model, residents are able to maintain independence in the home.

For the foregoing reasons, the Healthcare Association of Hawaii is against Competitive Bidding in Hawaii.

Submitter : Mr. Kyle McHugh

Date: 05/09/2006

Organization : H

Category : Pharmacist

Issue Areas/Comments

**Quality Standards and  
Accreditation for Supplies of  
DMEPOS**

**Quality Standards and Accreditation for Supplies of DMEPOS**

We are a small rural supplier of DME and it is our understanding that we will have to pay up to \$7,000 to some company that has not yet been named by June 2006 in order to bill Medicare for payment of DME services provided after January 2007. It is our understanding that it takes 6 months to get accredited depending on the company and that no company has been approved to give accreditation but they are all advertising that they can do it for us. I feel that this is false advertising and should be addressed.

I also feel that this \$7,000 expense could drive us not to be able to afford to provide this equipment to those few in our community who need it, which in turn would drive the costs up because there would be less competition. I understand that this process and the bidding process that is being proposed are designed to lower costs and protect against fraud. However I feel that this will only drive smaller operations such as ours out of business and leave only large players in the marketplace who will inevitably drive the costs up because there will be no competition to bid against them.

I truly feel that there should be a different accreditation and bidding process for rural America and also for those stores that only bill Medicare for diabetic supplies. There is no way they can afford to pay for accreditation through an outside firm for \$7,000. I have a small store that does this and they will not be able to afford to pay the \$7,000 so the 75 or so Medicare customers they provide supplies for will have to drive at least 20 miles to get their supplies from a larger supplier. There should be a difference between providers that supply full DME options and those that are just trying to help their patients by providing testing supplies as a convenience to them.

Thank you for your time and concern in these matters

Kyle F. McHugh, RPh

803-247-2133

kyle@randjdrugs.com

**Submitter :**

**Date: 05/09/2006**

**Organization :**

**Category : Individual**

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

**Low Vision Aid Exclusion**

I work directly with blind and visually impaired people, and I see them navigating the streets of New York City. It saddens me to think that these very individuals will no longer receive aid to obtain devices which help them maintain their independence and productivity. We need to ask ourselves, as Americans, at what point we justify denying citizens such vital services in order to free up some extra cash. This decision to no longer provide devices to blind and visually impaired people is yet another example of the alarming rate at which the US government is seeking to do away with public programs that so many Americans desperately need. Not only would seniors be affected, but also their families who will have to provide care that they probably can't to begin with. I worry how I will be able to provide for my family AND my mother as she gets older, knowing that the government to which I pay taxes does not have the well-being of its citizens in mind. I urge you to insure the future of seniors' health and well-being for the benefit of everyone. Thank you.

**Submitter :** Ms. Janice Brooks  
**Organization :** Ms. Janice Brooks  
**Category :** Individual

**Date:** 05/09/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

Please reconsider your intention to bar low vision aids for Medicare recipients. As a senior myself, I am increasingly concerned about my future, most importantly my financial outlook. I am 74 years old, on medicare, but still working and so do carry medical insurance through my employment. However, I see my health decreasing and do not know how much longer I can work. When that time comes, I will have to rely on medicare and my social security. If health benefits are reduced, older, fixed income people will suffer.

**Submitter :** Mr. Cliff Doss  
**Organization :** AireCore Medical Services  
**Category :** Other Health Care Provider

**Date:** 05/09/2006

**Issue Areas/Comments**

**Opportunity for Participation by  
Small Suppliers**

**Opportunity for Participation by Small Suppliers**

As the owner of a small DME I am very concerned that competitive bidding will have 2 adverse effects. 1) I will be forced out of business by larger companies better able to leverage their purchasing power and 2) I will be forced to sell my company at a significantly lower price because the larger companies will have the advantage of knowing I can't continue to do business. I hope that company's such as mine that serve a very rural customer base will be allowed to accept the competitive bids by large companies if we so choose. If not service to the rural areas will suffer greatly.

**Quality Standards and  
Accreditation for Supplies of  
DMEPOS**

**Quality Standards and Accreditation for Supplies of DMEPOS**

As the owner of a small DME company I am concerned about the high cost of accreditation. In general only large companies have pursued accreditation in order to be a provider for certain insurances. Because of this the company's that accredit charge very high prices. I feel CMN should create a tier-type accreditation system that forces these accreditation company's to charge according to the services provided.

**Terms of Contracts**

**Terms of Contracts**

Please include verbiage that allows smaller company's the opportunity to bid on contracts or accept the terms of the winning bidders.

**Submitter :** Mr. David Doherty  
**Organization :** Perkins School for the Blind  
**Category :** Academic

**Date:** 05/09/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

**Low Vision Aid Exclusion**

Working at a school for the blind and also having had a grandmother with low vision, I have seen first hand the impact such devices can have on a persons quality of life. Without the use of a low vision device my grandmother wouldn't have been able to read the newspaper as she had for the first 85 years of her life. Being able to do something as simple as read the newspaper everyday helped her live another 17 years. Reading with the assistance of a low vision device was medicine for her mind and soul. Eliminating funding for low vision devices will put some of these qualities of life out of the reach of many individuals since the cost of these devices can be beyond their financial capabilities. Please reconsider eliminating coverage for low vision devices. These costs may be small in comparison to covering the resulting illnesses, such as depression, one may have without the use of such equipment.

**Submitter :** Maria Ceferatti

**Date:** 05/09/2006

**Organization :** Maria Ceferatti

**Category :** Individual

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

**Low Vision Aid Exclusion**

My son is a four year old with severe vision loss. He can only see light and shadows. I urge you to continue to provide those with low vision and those who are blind with the equipment, services and aides that are necessary to ensure their participation in society as productive and tax-paying citizens. Thank you.



**Submitter :** Dr. Erica Hacker

**Date:** 05/10/2006

**Organization :** Blind and Vision Rehabilitation Services of PGH

**Category :** Physician

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

This an unacceptable rollback of benefits. It denies coverage to people with vision loss, especially our senior Medicare beneficiaries. Low Vision Aids keep seniors independent and healthy which SAVES Medicare money in the long run. This policy change is fiscally and socially unwise.

**Submitter :** Mr. Steven Smith

**Date:** 05/10/2006

**Organization :** Mr. Steven Smith

**Category :** Individual

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

**Low Vision Aid Exclusion**

As a visually impaired professional I find it appalling this is even a consideration. How can you justify denying people the devices that allow them to do the activities of daily living. It is no surprise that this government is so opposed to people with vision loss. We are now the next group to be denied services by medicare.

To deny service or technology that could help a person better use their remaining vision I find to be unconscionable. This administration has much to answer for and I hope this exclusion is not allowed.

**Submitter :** Mr. Jeffrey Dudley  
**Organization :** Vocational Rehabilitation  
**Category :** Individual

**Date:** 05/10/2006

**Issue Areas/Comments**

**Low Vision Aid Exclusion**

Low Vision Aid Exclusion

What are people thinking.

Excluding needed items such as these only serves to move more people toward long term disability.

In fact, what will happen to all the returning vets that will all be in the same boat.

Wake up people!

**Submitter :** Mr. Craig Harmon

**Date:** 05/11/2006

**Organization :** Chapin Pharmacy

**Category :** Pharmacist

**Issue Areas/Comments**

**Quality Standards and  
Accreditation for Supplies of  
DMEPOS**

**Quality Standards and Accreditation for Supplies of DMEPOS**

The accreditation of all suppliers of DME is an unfair proposal for the small and rural pharmacy operators. My total DME business is primarily limited to diabetic testing supplies. My total revenue from DME in 2005 was less than \$20,000. If I must spend 2 to 5 thousand dollars to become accredited then it is no longer financially worth the trouble to be a DME supplier. If this regulation forces thousands of small companies out of the DME business it will severely limit the access to these supplies to the rural community. I would suggest that suppliers that do less than \$50,000 annually or suppliers of only drugs and diabetic supplies be exempt from this requirement.